

# ECHOES Consolidated

(ECHOES Consolidated)

## ECHOES: European Community Health Worker Internet Survey

Welcome to the largest ever survey of Community Health Workers which is taking place all over Europe.

### Please take part if you...

- Are aged 18 or over AND;
- Work with gay, bisexual and other Men who have Sex with Men (MSM) now or in the last 12 months AND;
- Deliver sexual health support for gay, bisexual and other MSM in community settings (not in a hospital or clinic).

### What's it about?

The ECHOES survey asks about the knowledge, attitudes and practices of Community Health Workers (CHWs) who provide sexual health support to gay, bisexual and other MSM. One of the goals is to find out what support, training, and new skills CHWs need and want.

Community Health Workers (CHWs) go by a variety of titles including *outreach worker*, *health promoter*, *peer educator*, *community health advisor* etc., so wherever you see the term 'Community Health Worker' (or 'CHW') in the survey, we mean:

*Someone who provides sexual health support around HIV/AIDS, viral hepatitis and other Sexually Transmitted Infections (STIs), to gay, bisexual and other MSM. A CHW delivers health promotion or public health activities in community settings (not in a hospital or clinic).*

Your answers are strictly **anonymous and confidential**. No one looking at the study findings will be able to identify you in any way.

Your participation is voluntary. Please take time to decide whether you wish to take part.

### How long does it take to complete?

It will take about 15-20 minutes to complete this survey. You can do this on any device with internet access but it may be quicker to complete on a larger screen. There are 10 sections in the survey.

### What about data protection?

We **guarantee** your anonymity. We will **NOT** collect the IP address of your computer or install any cookies on it. We will not collect any information that would allow anybody to identify you. This means that once you begin the survey, you need to complete all questions in one session. For the research to be most effective please answer ALL questions.

### Who are we?

We are an international group of researchers and health workers in public health institutes, universities and non-governmental organisations working in sexual health and human rights. The project is funded by the European Commission Health Programme 2014-2020 ([http://ec.europa.eu/chafea/health/tender-38-2015\\_en.html](http://ec.europa.eu/chafea/health/tender-38-2015_en.html)). It focuses on EU Member States as well as Bosnia Herzegovina, Iceland, Moldova, Norway, Russia, Serbia, and Switzerland.

### When will the results of the survey be available?

The ECHOES survey results will be available in early 2018. It will be available from the project website [www.esticom.eu](http://www.esticom.eu).

### Consent

Please tick **all three** statements. This will let us know whether you want to take part in the survey and that you understand what is involved. (ECHOES2017)

1)

#### COMPULSORY QUESTION

- I confirm that I have read and understand the information above. I understand that I will remain anonymous and any information I provide will not be traceable to me. [\[tick to agree\]](#)

2)

#### COMPULSORY QUESTION

- I understand that my participation is voluntary and that I am free to withdraw at any time. [\[tick to agree\]](#)

3)

#### COMPULSORY QUESTION

- By clicking this box, I indicate my agreement to take part in the survey. [\[tick to agree\]](#)

**Please complete this survey ONCE ONLY.**

## [ECHOES]

Please read the following statements carefully.

Have you provided sexual health support for gay, bisexual and other MSM in a **community setting (not in a hospital or clinic)** during the **last 12 months?**

#### COMPULSORY QUESTION

- No  Yes

During the **last 12 months**, in which country have you **most often worked** providing sexual health support for gay, bisexual and other MSM in a community setting? (country\_worked\_in)

QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF YES

COMPULSORY QUESTION

[Please select an answer]

- Austria
- Belgium
- Bosnia Herzegovina
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Russia
- Serbia
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- Ukraine
- United Kingdom
- Any other country

### [Optional exit page - non CHW]

PAGE SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF NO

It looks like you are not eligible to take this survey. This research is about Community Health Workers who have provided sexual health support for gay men, bisexual men and other MSM during the last 12 months. The results will be available across Europe in 2018. You can get more information at [www.esticom.eu](http://www.esticom.eu).

### [Optional exit page - non-eligible country]

PAGE SHOWN WHEN ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF ANY OTHER COUNTRY

It looks like you are not eligible to take this survey. This research is about CHWs that work in EU Member States as well as Bosnia Herzegovina, Iceland, Moldova, Norway, Russia, Serbia and Switzerland. The results will be available across Europe in 2018. You can get more information at [www.esticom.eu](http://www.esticom.eu).

## SECTION 1: About you

PAGE SHOWN WHEN ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF AUSTRIA, BELGIUM, BOSNIA HERZEGOVINA, BULGARIA, CROATIA, CYPRUS, CZECH REPUBLIC, DENMARK, ESTONIA, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, ICELAND, IRELAND, ITALY, LATVIA, LITHUANIA, LUXEMBOURG, MALTA, MOLDOVA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, ROMANIA, RUSSIA, SERBIA, SLOVAKIA, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, UKRAINE, UNITED KINGDOM

This section will ask some basic questions about you. This will help us to describe who completed the survey.

How old are you ?

COMPULSORY QUESTION

[Please select an answer]

- 17 or under
- 18
- 19
- 20
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73  
74  
75 or older

Which of the following best describes how you think of yourself?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

COMPULSORY QUESTION

- Man
- Woman
- Non-binary
- Other
- I prefer not to say

Thinking about your answer to the previous question, is this what you were assigned at birth?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU THINK OF YOURSELF? IS ANY OF MAN, WOMAN

- No
- Yes
- Don't know/Unsure

Which of the following best describes how you think about yourself?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

COMPULSORY QUESTION

- Gay
- Homosexual
- Lesbian
- Bisexual
- Queer
- Straight/heterosexual
- Any other term
- I don't usually use a term

Thinking about all the people who know you (including family, friends and work or study colleagues), what proportion know this ?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- All or almost all
- More than half
- Less than half
- Few
- None

Do you consider yourself a member of an ethnic or racial minority in the country you live in?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- No
- Yes

What minority are you a member of?

QUESTION SHOWN WHEN ANSWER TO QUESTION DO YOU CONSIDER YOURSELF A MEMBER OF AN ETHNIC OR RACIAL MINORITY IN THE COUNTRY YOU LIVE IN? IS ANY OF YES

As a CHW, do you work in...

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- A village/rural area - up to 5,000 people
- A small town - up to 20,000 people
- A large town/small city - up to 100,000 people
- A medium-sized city - up to 500,000 people
- A big city - more than 500,000 people

How many years have you spent in full-time education since the age of 16?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

[Please select an answer]

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- More than 10

Which of these phrases would you say comes closest to your feelings about your household's income?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- Living very comfortably on present income
- Living comfortably on present income
- Neither comfortable nor struggling on present income
- Struggling on present income
- Really struggling on present income

Which language is your native/mother tongue?

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

[Please select an answer]

- Bulgarian
- Croatian
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- German
- Greek
- Hungarian
- Italian
- Latvian
- Lithuanian
- Norwegian
- Polish
- Portuguese
- Romanian
- Russian
- Serbian
- Slovenian
- Spanish
- Swedish
- Ukrainian
- Other language not listed here

Please write in your native/mother tongue.

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH LANGUAGE IS YOUR NATIVE/MOTHER TONGUE? IS ANY OF UKRAINIAN

Other than your native/mother tongue, which of these languages do you also speak fluently? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75 OR OLDER

- English
- French
- German
- Italian

- Polish
- Russian
- Spanish
- None of the above

## [Screening for Eligibility]

It looks like you are not eligible to take this survey. This research is about CHWs aged 18 or over. The results will be available across Europe in 2018. You can get more information at [www.esticom.eu](http://www.esticom.eu).

## [Exit page 1 - those who are not eligible]

**THIS IS AN EXIT PAGE PAGE SHOWN WHEN ANSWER TO QUESTION HAVE YOU PROVIDED SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING (NOT IN A HOSPITAL OR CLINIC) DURING THE LAST 12 MONTHS? IS ANY OF NO OR ANSWER TO QUESTION DURING THE LAST 12 MONTHS, IN WHICH COUNTRY HAVE YOU MOST OFTEN WORKED PROVIDING SEXUAL HEALTH SUPPORT FOR GAY, BISEXUAL AND OTHER MSM IN A COMMUNITY SETTING? IS ANY OF ANY OTHER COUNTRY OR ANSWER TO QUESTION HOW OLD ARE YOU ? IS ANY OF 17 OR UNDER**

We are sorry you have not been able to complete the ECHOES survey. The survey closes on the **31st December 2017**. You can still help by sharing this link with anyone you think might be interested:

[echoessurvey.eu](http://echoessurvey.eu)

### How can I ask a question about the survey?

The ECHOES team is based at the University of Brighton in the UK. You can email the ECHOES team at [echoessurvey@brighton.ac.uk](mailto:echoessurvey@brighton.ac.uk). We will be happy to discuss the survey with you.

### Where can I find more information when the results of the survey are available?

A report of the survey results will be produced in early 2018. It will be available from the project's website [www.esticom.eu](http://www.esticom.eu).

## SECTION 2: Your job, employment status, and organisation

This section of the survey asks about your **job role** (paid or unpaid) as a CHW providing sexual health support to gay, bisexual and other MSM. This sexual health support may involve HIV/AIDS, viral hepatitis or other STIs. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

**Remember:** By CHW we mean Community Health Worker (or other related term).

We know that many people do not use the term 'Community Health Worker'. How would you describe your job title? - e.g. outreach worker, sexual health worker, health promoter, etc.

**COMPULSORY QUESTION**

Which of the following best describes your current status as a CHW?

Full time = 30 hours per week or more.

Part time = less than 30 hours per week.

- Employed (paid) - full-time
- Employed (paid) - part-time
- Self-employed (paid) - full-time
- Self-employed (paid) - part-time
- Volunteer (unpaid)- full time
- Volunteer (unpaid)- part time

Is your position...

**QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - FULL-TIME, EMPLOYED (PAID) - PART-TIME**

- Short-term/temporary
- Long-term/permanent

For your work as a CHW, are you on a...

**QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - FULL-TIME, EMPLOYED (PAID) - PART-TIME**

- Fixed income - e.g. salary
- Variable income - e.g. hourly paid

Which of the following best describes your status when **not** working as a CHW?

**QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) - PART-TIME, SELF-EMPLOYED (PAID) - FULL-TIME, SELF-EMPLOYED (PAID) - PART-TIME, VOLUNTEER (UNPAID)- FULL TIME, VOLUNTEER (UNPAID)- PART TIME**

- Not applicable (being a CHW is my only job)
- Employed - full-time or part-time
- Self-employed - full-time or part-time
- Unemployed
- Volunteering (aside from CHW)
- Retired
- Student

Which term best describes your job role when **not** working as a CHW? (choose one)

**QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR STATUS WHEN NOT WORKING AS A CHW? IS ANY OF EMPLOYED - FULL-TIME OR PART-**

**TIME, SELF-EMPLOYED - FULL-TIME OR PART-TIME, VOLUNTEERING (ASIDE FROM CHW)**

- Doctor (clinician or other specialist)
- Doctor (general practitioner)
- Doctor (HIV or sexual health specialist)
- Employment worker
- Family support worker
- Housing or homelessness worker
- Mental health worker
- Nurse (qualified/registered)
- Prison/probation
- Social worker
- Substance use worker
- Teacher or other education worker
- Youth worker
- Another term not listed here
- None of the above

Please write in your job role when **not** working as a CHW.

**QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH TERM BEST DESCRIBES YOUR JOB ROLE WHEN NOT WORKING AS A CHW? (CHOOSE ONE) IS ANY OF NONE OF THE ABOVE**

## SECTION 2 (continued):

**PAGE SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) – FULL-TIME, EMPLOYED (PAID) – PART-TIME, VOLUNTEER (UNPAID)- FULL TIME, VOLUNTEER (UNPAID)- PART TIME**

### About your organisation

When working as a CHW, which of the following best describes the type of organisation you work for/with? If you work for more than one organisation as a CHW, please answer regarding your main organisation.

**QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT STATUS AS A CHW? FULL TIME = 30 HOURS PER WEEK OR MORE. PART TIME = LESS THAN 30 HOURS PER WEEK. IS ANY OF EMPLOYED (PAID) – FULL-TIME, EMPLOYED (PAID) – PART-TIME, VOLUNTEER (UNPAID)- FULL TIME, VOLUNTEER (UNPAID)- PART TIME**

- Private not-for-profit - e.g. non-governmental organisation, charity, community, civil society, grassroots organisation
- Private for-profit/commercial organisation
- Government/local authority/public organisation
- Other

What is the main purpose of this organisation?

- Sexual health
- General health - e.g. hospital, clinic, community health, GP
- LGBT specific needs
- Mental health and/or wellbeing
- Substance use support
- Religion
- Education - e.g. school, college or university
- Housing and/or homelessness
- Advocacy
- Transport
- Prison/probation
- Other

Approximately, what is the size of the organisation in terms of the numbers of people who work there (both paid and unpaid)?

- Up to 5 people
- 6 to 9 people
- 10 to 49 people
- 50 to 249 people
- 250 people or more
- Don't know

As far as you know, who funds this organisation? (tick all that apply)

- Grants from national government and/or local authority
- Charitable/private donation
- Fundraising activities
- European funding
- Fees from services provided - e.g. training
- Other
- Don't know

## SECTION 3: In your role as a CHW, what do you do?

One of the aims of this survey is to find out what CHWs actually do. We therefore ask about **your personal involvement** in CHW activities over the **last 12 months**. These activities refer to the sexual health support you provide gay, bisexual and other MSM around HIV/AIDS, viral hepatitis or other STIs. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

**Note:** You can always go back and modify your responses if you need to. You can untick options if you realise they aren't right for you.

I am involved in... (tick all which apply, even if your involvement is minor)

**COMPULSORY QUESTION**

- Prevention** of HIV, viral hepatitis and/or other STIs (this might include, but is not limited to, condoms, safe sex practices, vaccinations, PrEP, PEP, substance use, mental health, etc.)
- Screening and/or testing** of HIV, viral hepatitis and/or other STIs (this might include, but is not limited to, the importance of screening/testing, pre- and post-test discussion, performing testing/screening procedures, etc.)
- Treatment and/or support** for HIV, viral hepatitis and/or other STIs (this might include, but is not limited to, HIV/AIDS treatments, viral hepatitis and other STI treatments, adherence support, referring to health services, etc.)
- None of the above

What CHW activities are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF NONE OF THE ABOVE

## Prevention of HIV, viral hepatitis and other STIs

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF PREVENTION OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, CONDOMS, SAFE SEX PRACTICES, VACCINATIONS, PREP, PEP, SUBSTANCE USE, MENTAL HEALTH, ETC.)

The following questions refer to **PREVENTION** activities that you may **personally be involved in** as part of sexual health support for gay, bisexual and other MSM regarding HIV, viral hepatitis and other STIs during the **last 12 months**.

For the purposes of prevention, I am involved in the following activities... (tick all that apply)

- Information provision
- Intervention - e.g. outreach activities
- Referral and linkage to care
- Strategic and administrative activities - e.g. reports, management
- I am not involved in prevention

For the purposes of prevention, I am involved in **providing information about**... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Transmission of HIV, viral hepatitis and/or other STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safer sex practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing and knowing your status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations and preventative medication (such as hepatitis vaccination, PrEP, or PEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment/medication for HIV/AIDS, viral hepatitis and/or other STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adherence to treatment/medication for HIV/ AIDS, viral hepatitis and/or other STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injecting drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other substance use - e.g. alcohol, marijuana, cocaine, ketamine, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemsex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General physical health and healthy living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health including counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting to e.g. testing, gay-friendly support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activity or issue not listed here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which other activity or issue not listed here are you involved in providing information about?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN PROVIDING INFORMATION ABOUT... (TICK ALL THAT APPLY) IS ANY OF OTHER ACTIVITY OR ISSUE NOT LISTED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITY OR ISSUE NOT LISTED HERE=ONCE A WEEK OR MORE, OTHER ACTIVITY OR ISSUE NOT LISTED HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER ACTIVITY OR ISSUE NOT LISTED HERE=ONCE A MONTH OR LESS

For the purposes of prevention, I am involved in **providing these intervention activities**...

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INTERVENTION - E.G. OUTREACH ACTIVITIES

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Sexual health support - e.g. condoms and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

lubricant provision					
Substance use support - e.g. clean needles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support using or accessing Pre-Exposure Prophylaxis (PrEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support using or accessing Post-Exposure Prophylaxis (PEP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food, water and other essentials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support around work, home, and finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support around physical health and healthy living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behaviour change support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health support including counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted peer support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online and social media support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activity not listed here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which other intervention activities not listed here are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN PROVIDING THESE INTERVENTION ACTIVITIES... IS ANY OF OTHER ACTIVITY NOT LISTED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITY NOT LISTED HERE=ONCE A WEEK OR MORE, OTHER ACTIVITY NOT LISTED HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER ACTIVITY NOT LISTED HERE=ONCE A MONTH OR LESS

For the purposes of prevention, I am involved in **referring** gay, bisexual and other MSM to... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF REFERRAL AND LINKAGE TO CARE

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Hospital, clinic, or GP or other health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health support services including counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voluntary- or community-based health and social care organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police - e.g. hate crime reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious/spiritual services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social clubs or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other service or organisation not listed here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the purposes of prevention, which other services or organisations not listed here are you involved in referring to?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN REFERRING GAY, BISEXUAL AND OTHER MSM TO... (TICK ALL THAT APPLY) IS ANY OF OTHER SERVICE OR ORGANISATION NOT LISTED HERE=DAILY OR ALMOST DAILY, OTHER SERVICE OR ORGANISATION NOT LISTED HERE=ONCE A WEEK OR MORE, OTHER SERVICE OR ORGANISATION NOT LISTED HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER SERVICE OR ORGANISATION NOT LISTED HERE=ONCE A MONTH OR LESS

For the purposes of prevention, I am involved in the following **strategic and administrative activities**... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Advocacy and networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Developing interventions, outreach and support activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with research and/or community needs assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing, advertising and media activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring, evaluation and reporting of organisation's activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activities not listed here	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which other strategic and administrative activities relating to prevention are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING STRATEGIC AND ADMINISTRATIVE ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF OTHER ACTIVITIES NOT LISTED HERE=DAILY OR ALMOST DAILY, OTHER ACTIVITIES NOT LISTED HERE=ONCE A WEEK OR MORE, OTHER ACTIVITIES NOT LISTED HERE=ONCE EVERY TWO WEEKS OR MORE, OTHER ACTIVITIES NOT LISTED HERE=ONCE A MONTH OR LESS

### [Prevention settings]

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF PREVENTION OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, CONDOMS, SAFE SEX PRACTICES, VACCINATIONS, PREP, PEP, SUBSTANCE USE, MENTAL HEALTH, ETC.) AND ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Thinking now about all your responses to the previous section on **PREVENTION** practices...

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Where do you deliver **PREVENTION** activities around HIV/AIDS, viral hepatitis and STIs to gay, bisexual and other MSM? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

- Gay/gay friendly entertainment venue - e.g. bar, club
- Community setting - e.g. drop-in, shelter
- Outdoor setting - e.g. cruising ground
- State/public sector setting - e.g. education, prison
- Private setting - e.g. private home, hotel
- Online or via mail - e.g. website, mobile phone apps, postal service
- Other
- None of these settings

Which gay/gay friendly entertainment settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT VENUE - E.G. BAR, CLUB

- Café/restaurant
- Bar/pub/club/party
- Porn cinema
- Shops - e.g. fetish, books, video
- Sauna
- Male brothel
- Other
- None of these

Which other gay/gay-friendly entertainment setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY/GAY FRIENDLY ENTERTAINMENT SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which community settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN, SHELTER

- Drop-in, community centre or community organisation
- Migrant camp
- Shelter/refuge
- Foodbank
- Social club
- Pride events and marches
- Other
- None of these

Which other community setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COMMUNITY SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which outdoor settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OUTDOOR SETTING - E.G. CRUISING GROUND

- Mobile outreach - e.g. bus, van
- Streets or public space
- Cruising ground
- Sporting event
- Other
- None of these

Which other outdoor setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which state/public sector settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON

- Education
- Prison
- State social services
- Other
- None of these

Which other state/public sector setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which private settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL

- Private home/dwelling
- Residential care home
- Hotel
- Other
- None of these

Which other private setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which online or mail settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE, MOBILE PHONE APPS, POSTAL SERVICE

- Website or online chat
- Mobile phone apps
- Telephone helpline
- Social media
- Postal/mail service - e.g. posting condoms, test kits
- Other
- None of these

Which other online or mail setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which other setting, not listed here, do you deliver prevention activities in?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DELIVER PREVENTION ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER

## Screening and/or testing of HIV, viral hepatitis and other STIs

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

The following questions refer to **SCREENING AND/OR TESTING** activities that you may **personally be involved in** as part of sexual health support for gay, bisexual and other MSM regarding HIV/AIDS, viral hepatitis and other STIs during the **last 12 months**.

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

For the purposes of screening and/or testing, I am involved in the following activities... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.)

- Consultation and counselling
- Screening and/or testing procedures
- Referral and linkage to care
- Strategic and administrative activities - e.g. reports, management
- I am not involved in screening and/or testing

For the purposes of screening and/or testing, I am involved in the following **consultation and counselling activities...** (tick all that apply)  
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Providing consultation, information or advice relating to screening and/or testing for HIV/Hepatitis/STIs - e.g. importance of regular testing, knowing your status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing consultation, information or advice, regarding adherence to medication/treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting pre/post-test discussions and counselling regarding HIV/Hepatitis/STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I perform the following **screening and/or testing procedures...** (tick all that apply)  
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF SCREENING AND/OR TESTING PROCEDURES

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
I screen and/or test for HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I screen and/or test for viral hepatitis (B and/or C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I screen and/or test for other STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which samples do you use to screen and/or test for HIV, viral hepatitis, and other STIs? (tick all that apply)  
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF SCREENING AND/OR TESTING PROCEDURES

	I take the sample and test it immediately (rapid-test)	I take the sample and send to a lab for testing	I provide a self-sampling kit for men to take their own samples	I don't do this screening and/or testing
Blood sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swab sample (urethral, rectal, mouth, throat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am involved in **referring or linking gay, bisexual and other MSM to care** for the purposes of screening and/or testing at... (tick all that apply)  
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF REFERRAL AND LINKAGE TO CARE

- A hospital, clinic, or GP or other health professional
- A voluntary- or community-based health and social care organisation
- Other services or support
- I don't refer people to screening and/or testing

For the purposes of screening and/or testing, I am involved in the following **strategic and administrative activities...** (tick all that apply)  
QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Advocacy and networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing interventions, outreach and support activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with research and/or community needs assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing, advertising and media activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring, evaluation and reporting of organisation's activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which other strategic and administrative activities relating to screening and/or testing are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING STRATEGIC AND ADMINISTRATIVE ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF OTHER=DAILY OR ALMOST DAILY, OTHER=ONCE A WEEK OR MORE, OTHER=ONCE EVERY TWO WEEKS OR MORE, OTHER=ONCE A MONTH OR LESS

## [Screening and/or testing settings]

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF SCREENING AND/OR TESTING OF HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, THE IMPORTANCE OF SCREENING/TESTING, PRE- AND POST-TEST DISCUSSION, PERFORMING TESTING/SCREENING PROCEDURES, ETC.) AND ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Thinking now about all your responses to the previous section on **SCREENING AND/OR TESTING** activities...

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Where do you do these **SCREENING AND/OR TESTING** activities around HIV/AIDS, viral hepatitis and STIs to gay, bisexual and other MSM? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

- Gay/gay friendly entertainment venue - e.g. bar, club
- Community setting - e.g. drop-in, shelter
- Outdoor setting - e.g. cruising ground
- State/public sector setting - e.g. education, prison
- Private setting - e.g. private home, hotel
- Online or via mail - e.g. website, mobile phone apps, postal service
- Other
- None of these settings

Which gay/gay friendly entertainment settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT VENUE - E.G. BAR, CLUB

- Café/restaurant
- Bar/pub/club/party
- Porn cinema
- Shops - e.g. fetish, books, video
- Sauna
- Male brothel
- Other
- None of these

Which other gay/gay-friendly entertainment setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY/GAY FRIENDLY ENTERTAINMENT SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which community settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN, SHELTER

- Drop-in, community centre or community organisation
- Migrant camp
- Shelter/refuge
- Foodbank
- Social club
- Pride events and marches
- Other
- None of these

Which other community setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COMMUNITY SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which outdoor settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OUTDOOR SETTING - E.G. CRUISING GROUND

- Mobile outreach - e.g. bus, van
- Streets or public space
- Cruising ground
- Sporting event

- Other
- None of these

Which other outdoor setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which state/public sector settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON

- Education
- Prison
- State social services
- Other
- None of these

Which other state/public sector setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which private settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL

- Private home/dwelling
- Residential care home
- Hotel
- Other
- None of these

Which other private setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which online or mail settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE, MOBILE PHONE APPS, POSTAL SERVICE

- Website or online chat
- Mobile phone apps
- Telephone helpline
- Social media
- Postal/mail service - e.g. posting condoms, test kits
- Other
- None of these

Which other online or mail setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Is there another setting, not listed previously, where you deliver screening and/or testing activities?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE SCREENING AND/OR TESTING ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER, NONE OF THESE SETTINGS

## Treatment and/or support regarding HIV, viral hepatitis and other STIs

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.)

The following questions refer to **TREATMENT AND/OR SUPPORT** activities that you may **personally be involved in** as part of sexual health support for gay, bisexual and other MSM regarding HIV/AIDS, viral hepatitis and other STIs during the **last 12 months**.

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.)

For the purposes of treatment and/or support, I am involved in the following activities... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.)

- Information provision
- Intervention - e.g. adherence support
- Referral and linkage to care
- Strategic and administrative activities - e.g. reports, management
- I am not involved in treatment and/or support

I am involved in **providing information** about... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION

- Treatments for HIV/AIDS
- Treatments for viral hepatitis
- Treatments for other STIs
- Counselling and mental health support

I provide information about these HIV/AIDS treatments (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN PROVIDING INFORMATION ABOUT... (TICK ALL THAT APPLY) IS ANY OF TREATMENTS FOR HIV/AIDS

- Single anti-retroviral (ARV) medications
- Combination anti-retroviral (ARV) therapy
- Other
- None of these treatments

I provide information about these viral hepatitis treatments (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN PROVIDING INFORMATION ABOUT... (TICK ALL THAT APPLY) IS ANY OF TREATMENTS FOR VIRAL HEPATITIS

- Hepatitis A/B vaccine
- Pegylated interferon
- Hepatitis C combination therapy/DAA's
- Painkillers - e.g. ibuprofen, paracetamol
- Other
- None of these treatments

I provide information about these treatments for other STIs (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN PROVIDING INFORMATION ABOUT... (TICK ALL THAT APPLY) IS ANY OF TREATMENTS FOR OTHER STIS

- Antibiotic medications
- Antiviral medications
- Topical creams
- Painkillers e.g. ibuprofen, paracetamol
- Other
- None of these treatments

For the purposes of treatment and/or support, I am involved in **providing these intervention activities...** (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INTERVENTION - E.G. ADHERENCE SUPPORT

- Support with time planning for treatment/medication
- Supporting clients to adhere to treatment/medication
- Accompanying clients to get treatment/medication
- Assisting with sourcing and accessing treatment/medication
- Other

Which other intervention activities not listed here are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN PROVIDING THESE INTERVENTION ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF OTHER

I am involved in **referring** gay, bisexual and other MSM for treatment and/or support at... (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF REFERRAL AND LINKAGE TO CARE

- A hospital, clinic, or GP or other health professional
- A voluntary or community-based health and social care organisation
- Other service or support
- I don't refer people for treatment or support

For the purposes of treatment and/or support, I am involved in the following **strategic and administrative activities...** (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

	Daily or almost daily	Once a week or more	Once every two weeks or more	Once a month or less	Never
Advocacy and networking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing interventions and support activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage with research and/or community needs assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing, advertising and media activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring, evaluation and reporting of organisation's activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which other strategic and administrative activities relating to treatment and/or support are you involved in?

QUESTION SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING STRATEGIC AND ADMINISTRATIVE ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF OTHER=DAILY OR ALMOST DAILY, OTHER=ONCE A WEEK OR MORE, OTHER=ONCE EVERY TWO WEEKS OR MORE, OTHER=ONCE A MONTH OR LESS

## [Treatment and/or support settings]

PAGE SHOWN WHEN ANSWER TO QUESTION I AM INVOLVED IN... (TICK ALL WHICH APPLY, EVEN IF YOUR INVOLVEMENT IS MINOR) IS ANY OF TREATMENT AND/OR SUPPORT FOR HIV, VIRAL HEPATITIS AND/OR OTHER STIS (THIS MIGHT INCLUDE, BUT IS NOT LIMITED TO, HIV/AIDS TREATMENTS, VIRAL HEPATITIS AND OTHER STI TREATMENTS, ADHERENCE SUPPORT, REFERRING TO HEALTH SERVICES, ETC.) AND ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. ADHERENCE SUPPORT, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Thinking now about all your responses to the previous section on **TREATMENT AND/OR SUPPORT** activities...

Where do you do these **TREATMENT AND/OR SUPPORT** activities around HIV/AIDS, viral hepatitis and STIs to gay, bisexual and other MSM? (tick all that apply)

- Gay/gay friendly entertainment venue - e.g. bar, club
- Community setting - e.g. drop-in, shelter
- Outdoor setting - e.g. cruising ground
- State/public sector setting - e.g. education, prison
- Private setting - e.g. private home, hotel
- Online or via mail - e.g. website, mobile phone apps, postal service
- Other
- None of these settings

Which gay/gay friendly entertainment settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF GAY/GAY FRIENDLY ENTERTAINMENT VENUE - E.G. BAR, CLUB

- Café/restaurant
- Bar/pub/club/party
- Porn cinema
- Shops (e.g. fetish, books, video)
- Sauna
- Male brothel
- Other
- None of these

Which other gay/gay-friendly entertainment setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH GAY/GAY FRIENDLY ENTERTAINMENT SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which community settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF COMMUNITY SETTING - E.G. DROP-IN, SHELTER

- Drop-in, community centre or community organisation
- Migrant camp
- Shelter/refuge
- Foodbank
- Social club
- Pride events and marches
- Other
- None of these

Which other community setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH COMMUNITY SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which outdoor settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OUTDOOR SETTING - E.G. CRUISING GROUND

- Mobile outreach - e.g. bus, van
- Streets or public space
- Cruising ground
- Sporting event
- Other
- None of these

Which other outdoor setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH OUTDOOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which state/public sector settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF STATE/PUBLIC SECTOR SETTING - E.G. EDUCATION, PRISON

- Education
- Prison
- State social services

- Other
- None of these

Which other state/public sector setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH STATE/PUBLIC SECTOR SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which private settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF PRIVATE SETTING - E.G. PRIVATE HOME, HOTEL

- Private home/dwelling
- Residential care home
- Hotel
- Other
- None of these

Which other private setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH PRIVATE SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Which online or mail settings? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF ONLINE OR VIA MAIL - E.G. WEBSITE, MOBILE PHONE APPS, POSTAL SERVICE

- Website or online chat
- Mobile phone apps
- Telephone helpline
- Social media
- Postal/mail service - e.g. posting condoms, test kits
- Other
- None of these

Which other online or mail setting?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHICH ONLINE OR MAIL SETTINGS? (TICK ALL THAT APPLY) IS ANY OF OTHER

Is there another setting, not listed previously, where you deliver treatment and/or support activities?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHERE DO YOU DO THESE TREATMENT AND/OR SUPPORT ACTIVITIES AROUND HIV/AIDS, VIRAL HEPATITIS AND STIS TO GAY, BISEXUAL AND OTHER MSM? (TICK ALL THAT APPLY) IS ANY OF OTHER, NONE OF THESE SETTINGS

## Time spent performing CHW activities

PAGE SHOWN WHEN ANSWER TO QUESTION FOR THE PURPOSES OF PREVENTION, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. OUTREACH ACTIVITIES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT OR ANSWER TO QUESTION FOR THE PURPOSES OF SCREENING AND/OR TESTING, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF CONSULTATION AND COUNSELLING, SCREENING AND/OR TESTING PROCEDURES, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT OR ANSWER TO QUESTION FOR THE PURPOSES OF TREATMENT AND/OR SUPPORT, I AM INVOLVED IN THE FOLLOWING ACTIVITIES... (TICK ALL THAT APPLY) IS ANY OF INFORMATION PROVISION, INTERVENTION - E.G. ADHERENCE SUPPORT, REFERRAL AND LINKAGE TO CARE, STRATEGIC AND ADMINISTRATIVE ACTIVITIES - E.G. REPORTS, MANAGEMENT

Think now about the different kinds of activities you are involved in as a CHW, and about how much time you spend on each of them.

Over the last 12 months, approximately what amount of your CHW time has been spent on...

**Note:** This should add up to around 100% but it doesn't need to be perfect.

**Prevention** of HIV, viral hepatitis and/or other STIs

**Screening and/or testing** of HIV, viral hepatitis and/or other STIs

**Treatment and/or support** for HIV, viral hepatitis and/or other STIs

## SECTION 4: Who you work with (clients)

This section asks about the people you work with and your relationship with them. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Which three of these populations of people do you **most often** work with in your CHW activities? (tick up to three)

MAXIMUM OF 3 ANSWERS CAN BE SELECTED

- Gay, bisexual and other MSM
- Lesbian/bisexual women and other women who have sex with women (WSW)
- Trans people



- Adolescents/young people
- Students
- Ethnic minorities
- Religious or faith groups/individuals
- Disabled people or people with learning disabilities
- Migrants
- Sex workers
- Homeless
- People living with HIV/AIDS
- Drug users (injecting or otherwise)
- General population but including gay, bisexual and other MSM
- Offenders/prisons/probation
- Elderly
- Parents, children, and families

Thinking now **only** about your work with gay, bisexual and other MSM regarding delivering sexual health support on HIV, viral hepatitis and other STIs, what age group do you **most often** work with?

- Mostly people younger than 25
- Mostly people older than 25
- Even mix

In a usual 7-day period, approximately how many gay, bisexual and other MSM do you work with directly, providing sexual health support on HIV, viral hepatitis and other STIs?

- Up to 5 people
- 6 to 9 people
- 10 to 49 people
- 50 to 249 people
- 250 people or more
- Don't know

To what extent do you think gay, bisexual and other MSM 'trust' or feel confident about the CHW support that **you** are delivering?

- Not at all
- Hardly
- Moderately
- Extremely
- Don't know

To what extent do you think gay, bisexual and other MSM 'trust' or feel confident about **your CHW organisation**?

- Not at all
- Hardly
- Moderately
- Extremely
- Don't know

## SECTION 5: Barriers to performing CHW activities

In this section, please tell us about issues which shape your role and activities as a CHW, including how things might be improved. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Think about all the activities you do in your role as a CHW. Please tick **the main issues for you as an individual** which hinder your activities. (chwIssues\_individual)

- I lack enough time to work/volunteer as a CHW
- I work/volunteer long or difficult hours as a CHW
- I have a lack of knowledge
- I have personal concerns or fears about being a CHW
- I am not from gay/bisexual/MSM communities
- I have a low salary or no salary
- None of the above

Please tick **the main issues from your organisation** which hinder your activities. (chwIssues\_organisation)

- Shortage of funding/resources
- Lack of space for organisation's activities
- Lack of clear goals or aims
- Limited or no access to training
- Disagreement within organisation
- Poor coordination of activities
- Poor communication within organisation
- Lack of appropriate supervision
- Shortage of CHWs/colleagues/staff
- Limited or inaccessible healthcare services (doctors, nurses, clinics)
- Poor cooperation with healthcare services (doctors, nurses, clinics)
- Confidentiality and anonymity issues
- Poor knowledge of sexuality/LGBT issues in healthcare services
- None of the above

Please tick **the main issues from local communities** which hinder your activities. (chwIssues\_communities)

- Lack of interest from gay, bisexual or other MSM

- Lack of support from gay/bisexual businesses and/or venues
- None of the above

Please tick **the main issues from wider society** which hinder your activities. (chwIssues\_society)

- Lack of funding for CHW organisations
- Legal constraints/regulations
- Lack of or poor national HIV strategy
- Stigma around homosexuality and bisexuality
- Stigma around HIV/AIDS
- Stigma around hepatitis
- Stigma around STIs
- None of the above

## SECTION 5 (continued):

Of these main issues you selected, which hinder your activities the most? (tick up to **three**) (chwIssues\_consolidated)

**QUESTION SHOWN WHEN ANSWER TO QUESTION THINK ABOUT ALL THE ACTIVITIES YOU DO IN YOUR ROLE AS A CHW. PLEASE TICK THE MAIN ISSUES FOR YOU AS AN INDIVIDUAL WHICH HINDER YOUR ACTIVITIES. IS ANY OF I LACK ENOUGH TIME TO WORK/VOLUNTEER AS A CHW, I WORK/VOLUNTEER LONG OR DIFFICULT HOURS AS A CHW, I HAVE A LACK OF KNOWLEDGE, I HAVE PERSONAL CONCERNS OR FEARS ABOUT BEING A CHW, I AM NOT FROM GAY/BISEXUAL/MSM COMMUNITIES, I HAVE A LOW SALARY OR NO SALARY OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM YOUR ORGANISATION WHICH HINDER YOUR ACTIVITIES. IS ANY OF SHORTAGE OF FUNDING/RESOURCES, LACK OF SPACE FOR ORGANISATION'S ACTIVITIES, LACK OF CLEAR GOALS OR AIMS, LIMITED OR NO ACCESS TO TRAINING, DISAGREEMENT WITHIN ORGANISATION, POOR COORDINATION OF ACTIVITIES, POOR COMMUNICATION WITHIN ORGANISATION, LACK OF APPROPRIATE SUPERVISION, SHORTAGE OF CHWS/COLLEAGUES/STAFF, LIMITED OR INACCESSIBLE HEALTHCARE SERVICES (DOCTORS, NURSES, CLINICS), POOR COOPERATION WITH HEALTHCARE SERVICES (DOCTORS, NURSES, CLINICS), CONFIDENTIALITY AND ANONYMITY ISSUES, POOR KNOWLEDGE OF SEXUALITY/LGBT ISSUES IN HEALTHCARE SERVICES OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM LOCAL COMMUNITIES WHICH HINDER YOUR ACTIVITIES. IS ANY OF LACK OF INTEREST FROM GAY, BISEXUAL OR OTHER MSM, LACK OF SUPPORT FROM GAY/BISEXUAL BUSINESSES AND/OR VENUES OR ANSWER TO QUESTION PLEASE TICK THE MAIN ISSUES FROM WIDER SOCIETY WHICH HINDER YOUR ACTIVITIES. IS ANY OF LACK OF FUNDING FOR CHW ORGANISATIONS, LEGAL CONSTRAINTS/REGULATIONS, LACK OF OR POOR NATIONAL HIV STRATEGY, STIGMA AROUND HOMOSEXUALITY AND BISEXUALITY, STIGMA AROUND HIV/AIDS, STIGMA AROUND HEPATITIS, STIGMA AROUND STIS**

**MAXIMUM OF 3 ANSWERS CAN BE SELECTED**

- I lack enough time to work/volunteer as a CHW
- I work/volunteer long or difficult hours as a CHW
- I have a lack of knowledge
- I have personal concerns or fears about being a CHW
- I am not from gay/bisexual/MSM communities
- I have a low salary or no salary
- Shortage of funding/resources
- Lack of space for organisation's activities
- Lack of clear goals or aims
- Limited or no access to training
- Disagreement within organisation
- Poor coordination of activities
- Poor communication within organisation
- Lack of appropriate supervision
- Shortage of CHWs/colleagues/staff
- Limited or inaccessible healthcare services (doctors, nurses, clinics)
- Poor cooperation with healthcare services (doctors, nurses, clinics)
- Confidentiality and anonymity issues
- Poor knowledge of sexuality/LGBT issues in healthcare services
- Lack of interest from gay, bisexual or other MSM
- Lack of support from gay/bisexual businesses and/or venues
- Lack of funding for CHW organisations
- Legal constraints/regulations
- Lack of or poor national HIV strategy
- Stigma around homosexuality and bisexuality
- Stigma around HIV/AIDS
- Stigma around hepatitis
- Stigma around STIs

In your own words, what **three things** would make your CHW work more effective over the next 12 months?

First thing:

Second thing:

Third thing:

## SECTION 6: Recruitment as a CHW

This section asks how you were recruited to be a CHW. Please think back to the time when you started as a CHW, or got involved with activities supporting gay, bisexual, and other MSM.

Why did you start to work/volunteer as a CHW? (tick all that apply)

- Wanted to support gay, bisexual and other MSM

- Wanted to support people living with HIV/AIDS, viral hepatitis and/or STIs
- Wanted access to training
- Needed employment
- Good income
- Opportunities for career development
- Socialising
- Networking
- Gaining access to particular scenes or spaces
- Personal learning and development
- Wanted to help prevent HIV, viral hepatitis and/or other STIs
- Teaching and educating others
- Other

For what other reason did you start to work as a CHW?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHY DID YOU START TO WORK/VOLUNTEER AS A CHW? (TICK ALL THAT APPLY) IS ANY OF OTHER

How did you first become a CHW?

- I approached an organisation to volunteer
- I applied for a formally advertised volunteer post
- I applied for a formally advertised paid post
- I was already working for the organisation in a different capacity
- I was head-hunted/recommended by colleagues/friends
- Other

How many CHW jobs/volunteering posts have you had specifically providing sexual health support for gay, bisexual and other MSM?

- One
- Two or three
- Four or five
- Six or more

Adding all of these CHW jobs/volunteering posts together, approximately how long have you been a CHW?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 20 years
- More than 20 years

When you started your current CHW role, were there any requirements for prior **training or qualifications**?

- No
- Yes
- Don't know / don't remember

What were the requirements for prior training or qualifications?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHEN YOU STARTED YOUR CURRENT CHW ROLE, WERE THERE ANY REQUIREMENTS FOR PRIOR TRAINING OR QUALIFICATIONS? IS ANY OF YES

When you started your current CHW role, were there any requirements for **relevant experience**?

- No
- Yes
- Don't know / don't remember

Approximately how much prior relevant experience was required?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHEN YOU STARTED YOUR CURRENT CHW ROLE, WERE THERE ANY REQUIREMENTS FOR RELEVANT EXPERIENCE? IS ANY OF YES

- No experience
- Up to one month
- Up to three months
- Up to six months
- Up to 12 months
- More than 12 months

## SECTION 7: Training and skills

This section asks about your skills, and about what kind of training (if any) you have had during your work as a CHW. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Thinking about your current role as a CHW, have you received training in this role?

- No
- Yes - **internal** / in house /on the job training from my CHW organisation
- Yes - **external** training - e.g. from a consulting company, training company, external event
- Yes - **both** internal and external training

What kind of training have you received? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- Online course - e.g. webinars, online training programmes/courses, online lectures
- Face-to-face - e.g. seminars, workshops, lectures, group work, peer learning, residential, conferences, events
- Structured support - e.g. supervision, guidance, mentoring
- Structured observation - e.g. shadowing a colleague, following a role model
- Other kind of training

What areas did this training cover? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- Prevention of HIV, viral hepatitis, and other STIs
- Screening and/or testing of HIV, viral hepatitis, and other STIs
- Treatment and/or support of HIV, viral hepatitis, and other STIs
- Substance use - e.g. Chemsex, alcohol
- Mental health support
- General health support
- First aid/personal safety/cardiopulmonary resuscitation (CPR)
- Signposting to other support and services
- Peer support
- Counselling
- Advocacy
- Networking
- Capacity building
- Report writing
- Research skills
- Fundraising/grant writing
- Social media/computer/IT skills
- Languages - e.g. being bi-lingual
- Leadership/management skills
- Communication skills - e.g. writing, speaking
- Interpersonal skills and relationship building
- Administrative skills
- Teaching skills
- Budgeting/financial skills
- Understanding of diverse sexual orientations and gender identities
- Knowledge of diverse sexual acts and practices
- LGBT-specific health needs
- Other areas of training

What other areas did this training cover?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHAT AREAS DID THIS TRAINING COVER? (TICK ALL THAT APPLY) IS ANY OF OTHER AREAS OF TRAINING

Approximately how much of this training have you completed in the last 12 months?

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- None
- Up to a few hours
- Up to 1 day
- Up to 1 week
- Up to 4 weeks
- More than 4 weeks

Which individuals or organisations provided this training? (tick all that apply)

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- My own organisation
- HIV/hepatitis/STI or sexual health community organisation, charity, NGO etc.
- LGBT community organisation, charity, NGO etc.
- Health sector - e.g. hospital, clinic, GP or other health professional, etc.
- Religious organisations
- Government - e.g. national, regional or local
- Private organisation - e.g. for profit business
- Education - e.g. school, college or university
- Individual consultant
- Other

Who paid for this training?

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- I paid by myself
- My organisation paid

- Both me and my organisation paid
- Other

Who paid for this training?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHO PAID FOR THIS TRAINING? IS ANY OF OTHER

Who found or identified this training?

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- I found this training by myself
- My organisation found this training
- Both me and my organisation found this training
- Other

Who found or identified this training?

QUESTION SHOWN WHEN ANSWER TO QUESTION WHO FOUND OR IDENTIFIED THIS TRAINING? IS ANY OF OTHER

Were you allowed to participate in this training as part of your CHW work time?

QUESTION SHOWN WHEN ANSWER TO QUESTION THINKING ABOUT YOUR CURRENT ROLE AS A CHW, HAVE YOU RECEIVED TRAINING IN THIS ROLE? IS ANY OF YES – INTERNAL / IN HOUSE /ON THE JOB TRAINING FROM MY CHW ORGANISATION, YES - EXTERNAL TRAINING - E.G. FROM A CONSULTING COMPANY, TRAINING COMPANY, EXTERNAL EVENT, YES – BOTH INTERNAL AND EXTERNAL TRAINING

- No
- Yes
- Sometimes

## SECTION 7 (continued):

Are further training opportunities for you as a CHW available or ongoing?

COMPULSORY QUESTION

- No
- Yes
- Don't know

In order to be as effective as possible in your current role, which areas would you **most benefit** from additional training in? (Please choose up to 5)

COMPULSORY QUESTION

MAXIMUM OF 5 ANSWERS CAN BE SELECTED

- Prevention of HIV, viral hepatitis, and other STIs
- Screening and/or testing of HIV, viral hepatitis, and other STIs
- Treatment and/or support of HIV, viral hepatitis, and other STIs
- Substance use - e.g. Chemsex, alcohol
- Mental health support
- General health support
- First aid/personal safety/cardiopulmonary resuscitation (CPR)
- Signposting to other support and services
- Peer support
- Counselling
- Advocacy
- Networking
- Capacity building
- Report writing
- Research skills
- Fundraising/grant writing
- Social media/computer/IT skills
- Languages - e.g. being bi-lingual
- Leadership/management skills
- Communication skills - e.g. writing, speaking
- Interpersonal skills and relationship building
- Administrative skills
- Teaching skills
- Budgeting/financial skills
- Understanding of diverse sexual orientations and gender identities
- Knowledge of diverse sexual acts and practices
- LGBT-specific health needs
- Other knowledges and skills

Of these answers, please rank them in order of priority with the most important at the top.

ANSWERS/ROWS LINKED TO QUESTION: IN ORDER TO BE AS EFFECTIVE AS POSSIBLE IN YOUR CURRENT ROLE, WHICH AREAS WOULD YOU MOST BENEFIT FROM ADDITIONAL TRAINING IN? (PLEASE CHOOSE UP TO 5)

== MOVE ABOVE THIS LINE TO RANK == Prevention of HIV, viral hepatitis, and other STIs
--

- Screening and/or testing of HIV, viral hepatitis, and other STIs
- Treatment and/or support of HIV, viral hepatitis, and other STIs
- Substance use - e.g. Chemsex, alcohol
- Mental health support
- General health support
- First aid/personal safety/cardiopulmonary resuscitation (CPR)
- Signposting to other support and services
- Peer support
- Counselling
- Advocacy
- Networking
- Capacity building
- Report writing
- Research skills
- Fundraising/grant writing
- Social media/computer/IT skills
- Languages - e.g. being bi-lingual
- Leadership/management skills
- Communication skills - e.g. writing, speaking
- Interpersonal skills and relationship building
- Administrative skills
- Teaching skills
- Budgeting/financial skills
- Understanding of diverse sexual orientations and gender identities
- Knowledge of diverse sexual acts and practices
- LGBT-specific health needs
- Other knowledges and skills

TO RANK AN ITEM DRAG IT UP AND DOWN WITH THE MOUSE, OR NAVIGATE TO IT WITH THE TAB KEY THEN RE-ARRANGE USING THE ARROW KEYS UNTIL IT IS ABOVE THE SOLID BAR

## SECTION 8: Thoughts and feelings about your role as a CHW

This section asks you to consider your personal thoughts and feelings about being a CHW and the work you do as part of it. If you do not currently have a CHW job role, please answer about your most recent CHW role in the last 12 months.

Please don't spent too much time thinking about any one statement.

Please think about your day to day life, including your role as a CHW. How true are the following statements?

	Not at all true	Hardly true	Moderately true	Exactly true
It is easy for me to stick to my aims and accomplish my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I could deal efficiently with unexpected events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone opposes me, I can find means and ways to get what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No matter what comes my way, I'm usually able to handle it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please think about your role as a CHW. How satisfied are you with the following?

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
Amount of variety in job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to use abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freedom of working method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Amount of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition for work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colleagues and fellow workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your rate of pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your opportunity to acquire new skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

Now, taking everything into consideration, how do you feel about your activities as a CHW as a whole?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Very satisfied

How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Homosexuality is morally acceptable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be happy with gay, bisexual or other MSM as neighbours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable discussing homosexuality in a public situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

## SECTION 9: Knowledge

In this section we're interested in your general levels of knowledge around HIV/AIDS, viral hepatitis, and other STIs regarding your role as a CHW.

Regarding HIV/AIDS, **how confident are you** in your knowledge of...  
(1 = not confident at all and 5 = very confident)

AVERAGE VALUES CALCULATED

- prevention
  - screening and/or testing
  - treatment and/or support
- 

1

▲

2

▼

3

4

▼

5

▼

Regarding Hepatitis B and C, **how confident are you** in your knowledge of...  
(1 = not confident at all and 5 = very confident)

AVERAGE VALUES CALCULATED

- prevention
  - screening and/or testing
  - treatment and/or support
- 

1

▲

2

▼

3

4

▼

5

▼

Regarding other STIs, **how confident are you** in your knowledge of...  
(1 = not confident at all and 5 = very confident)

AVERAGE VALUES CALCULATED

- prevention
  - screening and/or testing
  - treatment and/or support
- 

1

▲

2

▼

3

4

▼

5

▼

## SECTION 10: SOME FINAL QUESTIONS...

This final section asks just a few more questions about you. Some might seem quite personal. We are trying to understand how you may be connected to the communities you work with. Remember, all of your answers are anonymous and cannot be traced back to you.

Have you ever received an HIV test result?

- No
- Yes

Have you ever been diagnosed with HIV?

**QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVER RECEIVED AN HIV TEST RESULT? IS ANY OF YES**

- No
- Yes

Have you ever taken any illegal drug?

- No
- Yes
- I prefer not to answer

Have you ever injected illegal drugs? (other than anabolic steroids or medicines)

**QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVER TAKEN ANY ILLEGAL DRUG? IS ANY OF YES**

- No, never
- Yes, within the last 12 months
- Yes, more than 12 months ago

Have you ever used any illegal, non-injected recreational drugs - e.g. marijuana, cocaine, GHB, ketamine?

**QUESTION SHOWN WHEN ANSWER TO QUESTION HAVE YOU EVER TAKEN ANY ILLEGAL DRUG? IS ANY OF YES**

- No, never
- Yes, within the last 12 months
- Yes, more than 12 months ago

How good is your health in general? Is it...

- Very good
- Good
- Fair
- Bad
- Very bad

We'd like to know how you're doing at the moment. For each of the five statements, please indicate which is closest to how you've been feeling over the last two weeks.

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

And finally, we'd like to hear any comments that you have about the survey.

**[Ending Pages]**

**[It's time to submit your answers!](#)**

You made it! Thank you for taking the time to complete this survey. We'll use your information to understand what support and training CHWs need.

**Now please press 'submit answers'.**